


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CDAP

<p><b>APPLICATION FOR REINSTATEMENT</b></p>  <p><b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p><b>FILED</b></p> <p>96 DEC 11 PM 3:57</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																									
<p><b>DOCUMENT #</b> <u>P94000035020</u></p> <p>1. Corporation Name <u>1350 BRISTOL, INC</u></p>																																											
<p>Principal Place of Business <u>21000 NE 28 AVE</u> <u>SUITE 214</u> <u>AVENTURA, FL 33180</u></p>		<p>Mailing Address <u>21000 NE 28 AVE</u> <u>SUITE 214</u> <u>AVENTURA, FL 33180</u></p>																																									
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																											
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc. City &amp; State Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc. City &amp; State Zip Country</p>																																									
<p>4. Date Incorporated or Qualified To Do Business in Florida <u>5/10/94</u></p>		<p>5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p>																																									
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>		<p><input checked="" type="checkbox"/> \$8.75 Additional fee required for Certificate of Status</p>																																									
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>D</td> <td>MAURIZIO CAVALIERI</td> <td>21000 NE 28 AVE SUITE 214</td> <td>AVENTURA FL 33180</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	1	2	3	4	D	MAURIZIO CAVALIERI	21000 NE 28 AVE SUITE 214	AVENTURA FL 33180																												
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip																																								
1	2	3	4																																								
D	MAURIZIO CAVALIERI	21000 NE 28 AVE SUITE 214	AVENTURA FL 33180																																								
<p>8. Name and Address of Current Registered Agent</p> <p><u>ROBERT SMOLEY</u> <u>21000 NE 28 AVE</u> <u>SUITE 214</u> <u>AVENTURA, FL 33180</u></p>		<p>9. Name and Address of New Registered Agent</p> <p>Name <u>MAURIZIO CAVALIERI</u> Street Address (F.O. Box Number is Not Acceptable) <u>21000 NE 28 AVE</u> Suite, Apt. #, Etc. <u>SUITE 214</u> City <u>AVENTURA</u> State <u>FL</u> Zip Code <u>33180</u></p>																																									
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <u>Xm [Signature]</u> Date <u>12-10-96</u> <u>MAURIZIO CAVALIERI</u> REGISTERED AGENT MUST SIGN</p>																																											
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																											
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																											
<p>SIGNATURE: <u>Xm [Signature]</u> <u>MAURIZIO CAVALIERI</u> <u>12-10-96</u> <u>305-9326240</u></p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																																											

CP25040 (12/95)